

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|------------|----------------------------|-----------------------------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>SW</i> | <i>93</i> | <i>6/25</i> |
| RESPONSE FORMALITY REVIEW | <i>m.D</i> | <i>1021</i> <i>#625</i> | <i>8/24/01</i> <i>11-16-01</i> |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 (Through numeral) Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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